PATENT	APPLICATION	SERIAL	N().	•

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/18/2004 HDEMESS1 00000069 061510

10708671

01 FC:1001 02 FC:1202 770.00 DA 270.00 DA

PTO-1556 · (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10708671

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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SM TYI		NTITY	OR	•	R THAN ENTITY		
TOTAL CLAIMS				_			RATE	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUME	NUMBER EXTRA		SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS		35 minus 20=		* 15		×	S 9=		OR	X\$18=	220	
INDEPENDENT CLAIMS		3 minus 3 =				>	(43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PR			RESENT					145=		1 :	+290=	
* If the difference in column 1 is less than zero, ente				ero, enter	"0" in d	column 2	<u> </u>	OTAL		OR OR	TOTAL	MOS
	CLAIMS AS AMENDED - PART II							JIAL		JOH	OTHER	THAN
	1	(Column 1)	Ţ.	(Colun	nn 2)	(Column 3)	SI	IALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus _	**		Ħ	X	§ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		+1	45=		OR	+290=	
								TOTAL			. TOTAL	
ADDIT. FEEON ADDIT. FEEON ADDIT. FEEON ADDIT. FEEON ADDIT. FEEON ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	, R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**			XS	S 9=	•	OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	= .	X	13=		OR	X86=	
	PIRST PRESE	NTATION OF MU	LIPLE DEF	ENDENI	CLAIM		+1	45=		OR	+290=	
						·	1	OTAL T. FEE		UB L	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			·	*		
AMENDMENT C		REMAINING AFTER AMENDMENT.		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=	X\$	9=		OR	X\$18=	
AME	Independent		Minus	***		=	X4	3=	•	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						+14			OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR ADDIT. FEE												
T	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											